UHIP Governance Committee Meeting ~ September 22, 2015

Attendees: Felicia Alvarez, Britt Brinton, Dr. Whitney Buckel, Kelly Criddle, Judy Daly, Linda Egbert, Lisa Evans, Kristine Hegmann, Brett Heikens, Dr. Arlen Jarrett, Wayne Kinsey, Karla Matheson, Dr. Jeanmarie Mayer, Kevin McCulley, Marsha Meyer, Carolyn Reese, Karen Singson, Dr. Doug Smith, Dr. Eddie Stenehjem, Andi Stubbs, Dr. Emily Sydnor-Spivak, Sherry Varley, Patty Watkins Excused: Rhonda Hensley, Mimi Ujiie

Action Items Highlighted in Yellow

Agenda Item	Resp. Person	Discussion
Welcome and Introductions	Dr. Mayer	Meeting commenced at 3:00 pm. Dr. Mayer welcomed all attendees present and those calling in on the phone. New committee member Dr. Emily Sydnor-Spivak was introduced.
Minutes Reviewed	Dr. Mayer	Dr. Mayer asked for changes or acceptance of the minutes from the June 16, 2015 meeting. Dr. Doug Smith motioned that the minutes be accepted as stands and Linda Egbert seconded the motion. The minutes were approved unanimously.
HAI Prevention Efforts: **Statewide Emerging Pathogen Task Force CRE Prevention Task Force**	Ms. Egbert Dr. Mayer	HealthInsight's collaborative with long-term care facilities regarding CAUTI prevention is approximately one third of the way complete. There are ten long-term facilities currently enrolled in the collaborative. Facilities are co-operative although staff turnover has been a challenge. Another challenge is that long-term care facilities have used different surveillance definitions, and the collaborative uses NHSN surveillance definitions. Facilities send their data to Data to Linda Egbert to facilitate data entry. Dr. Mayer updated the committee regarding recent activities from the CRE Surveillance Task Force. Representatives from many different healthcare facilities and the Department of Health have been invited to participate on the committee The committee reviewed proposed updates to Utah's Communicable Disease Reporting Rule. Proposed changes to the rule will mirror the 2015 CSTE/NHSN carbapenem resistant enterobacter species definition. Reportable organisms will include enterobacter resistant to imipenem, meropenem, doripenem, or ertapenem with break points break points as defined by CSTE. CDC has not provided break points for *Acinetobacter.* The Utah Public Health Lab will confer with community infectious physicians to determine appropriate break points to determine Acinetobacter resistance. The CRE Task Force proposed the following actions: 1. Scheduled Point Prevalence for CRE in targeted populations, such as all intensive care patients in medium and large acute facilities and high acuity patients in long-term acute care facilities. The RELM point prevelance study in Chicago is a good example. Participants in that study test twice a year in their ICU's and in their Long Term Care Facilities. Due to financial burden of this study, Utah's CRE Task Force proposed a more limited study population. Members of the Task Force have been asked to estimate costs for a CRE point prevalence in Utah facilities. 2. The Task Force also proposed that surveillance testing be performed on high risk individuals, e.g. patients from other countries or states with known high CRE rates, on a case by case basis. This should be billable to the patient's individual insurance. John Hopkins has a protocol for this and Dr. Mayer will get a protocol and share with the group. 3. Recommendations for facilities on what and how to do surveillance testing is they when carbapenemase producing CRE or clusters within their institution are identified. Smaller facilities may not have the money needed for this testing. The Task Force suggested that larger facilities contribute monies to be available for a "rainy day fund" for ++-

UHIP Governance Committee Meeting ~ September 22, 2015

		when this need arises.
MERS-CoV Preparedness Efforts	Dr. Smith/ Dr. Mayer	Dr. Smith stated that some Intermountain Healthcare clinics have asked if they can discontinue assessing travel history to another country. Dr. Smith distributed an updated list of travel history questions required by Intermountain Healthcare facilities. The Intermountain Healthcare tool was updated by Brandon Webb. Dr. Smith will send an electronic copy of the updated list to Ms. Varley to distribute with the meeting's minutes. Dr. Mayer has taken this list and is using it in her departments also at the University of Utah Hospital. Huntsman Cancer Institute has a contract to treat Saudi Nationals and Dr. Mayer has spoken with clinicians at Huntsman to know the signs and symptoms so they can be aware of patients as well as family members flying back and forth from Saudi. A process was put in place for them to call Dr. Mayer or the Infection Preventionist to evaluate and call the public health. Ms. Alvarez suggested distributing a flyer developed by UDOH showing that extremely communicable disease can be only an airplane ride away.
Utah Care Association Fall Conference	Ms. Reese	The Utah Health Care Association is a subsidiary of the American Health Care Association, which represents 96 Long Term Care Facilities in Utah and provides education and resource for these facilities. The UHCA Annual Fall Convention will be held September 29, 30 and October 1, 2015. At least 450 persons have registered for the conference. Dr. David Gifford from the American Health Association will speak on Quality of Care, Infection Control Stewardship. Ms. Singson will present information regarding infection prevention in long-term care facilities at two sessions of this conference. Ms. Reese updated the committee of proposed CMS requirement changes for long-term care facilities. Proposed changes will require additional resource and may be difficult to meet. One proposed change is that each long-term care facility have an Infection Prevention and Control Officer, whose primary accountability is infection prevention and control. A lot of facilities have realigned and smaller facilities have joined with corporate facilities.
HCW Influenza Vaccination Support Letter for LTC Facilities	Ms. Varley	Ms. Varley drafted a letter to go to all Long-term Care Facilities in Utah to recommend that facilities consider a compulsory influenza vaccination policy for health care workers. In 2011, a similar letter was sent to hospitals stating that facility names and rates would be published. Since then, rates of health care workers vaccinated for influenza in Utah hospitals increased from 75.5% in 2008 to 96.7% in 2014. The 2014 vaccination rates of healthcare personnel published in the MMWR showed that coverage was highest among HCP working in hospitals (90.4%) as compared to HCP working on long-term care facilities (63.9%). 2014 HCP vaccination rates were lowest among assistants and aides (64.4%). Influenza vaccination rates increase when healthcare facilities provide vaccination on-site and at no-cost. Dr. Jarrett suggested the first line of the letter be changed from HAI to UHIP Committee. Ms. Varley will adjust letter. Dr. Smith voted to send the letter with Linda Egbert seconding the motion. All in favor; motion passed. Members of the committee asked regarding any concerns about national shortage of influenza vaccine. Most pharmacies are receiving their requested doses. Carolyn Reese also suggested that the long-term care facilities' Medical Directors be copied on the letter. Ms. Varley will adjust the letter.

UHIP Governance Committee Meeting ~ September 22, 2015

Epidemiology & Laboratory (ELC) Capacity Grant Notification of Award	Ms. Varley	Every year since the Affordable Care Act was instituted, we have applied for funding within our state from the CDC for the Epidemiology and Laboratory Capacity Grant and we have received our grant award in July. This grant will go from August 2015 to July 2016. A little less money for the HAI Program Infrastructure was received this year than last year. No funds were received for requested expanded validation activities. Activities required by funds received for the HAI Program's infrastructure include: 1. Coordinate, collaborate and facilitate prevention activities through UHIP GC. The committee is required to meet at least three times during the year 2. Enhance outbreak response and investigations 3. Support local health departments and facilities in responding to outbreaks 4. Help facilitate infection control training 5. Improve surveillance to support public health action 6. Validation of facilities as directed by this committee 7. Prepare and publish an annual HAI report 8. Improve prevention efforts by increasing our access to data 9. Continue collaboration with HealthInsight and other partners to promote HAI prevention 10. Prepare and publish an annual Influenza Vaccination Coverage Report 11. Conduct an annual Needs Assessment. Dialysis was assessed during 2015. The UHIP GC will determine 2016 focus. 12. Provide education to improve HAI surveillance and support anti-microbial stewardship activities. 13. Attend trainings provided for NHSN training and Grantees meeting and training. 14. Collaborate with the Utah Performance Manager, Mimi Ujiie
Ebola Grant Efforts: **State HAI Plan Update**	**Dr. Mayer** **Ms. Varley**	UDOH applied for a three year grant for Ebola supplemental activities and were awarded all requested funding. Requirements for this grant are as follows: To update our State HAI Plan and submit to CDC by October 1, 2015, to be available on the CDC State-based HAI Prevention Activities site. Additional elements added to the plan are: • Infection Control Assessment and Response • Targeted Healthcare Infection Prevention Programs. The updated plan outlines that the "UDOH HAI Program Infrastructure" will: • Maintain state HAI prevention coordinator and staff • Maintain statewide HAI prevention leadership provided by the UHIP GC, and add additional representation to the

State HAI Plan Update (cont'd)		committee as needed • Engage the UHIP GC in activities to improve antibiotic stewardship throughout the state • Identify HAI prevention targets • Integrate lab activities with HAI surveillance. The "HAI Surveillance, Detection, Reporting, and Response Activities" in the plan include: • Improve HAI outbreak detection and investigation • Enhance lab capacity for detection and response to new and emerging HAI issues • Improve communication of outbreaks and infection control breaches • Identify at least two priority prevention targets • Adopt NHSN standards to track HAIs • Develop surveillance training competencies • Develop tailored Utah HAI Reports • Validate Utah HAI data • Develop preparedness plans for response to HAIs • Collaborate with licensing to identify and investigate infection related complaints • Adopt integration and interoperability standards for HAI data sources • Enhance electronic reporting for facilities to reduce reporting burden • Make available risk-adjusted HAI data • Enhance surveillance and detection of HAIs in non-hospital settings • Implement strategies for HICPAC recommendations compliance • Increase joint collaboratives • Establish collaboratives in non-hospital settings. The "Evaluation, Oversight and Communication" activities included in the updated plan include: • Conduct annual Needs Assessment • Implement a communication plan about Utah's HAI Program • Provide consumers access to useful healthcare measures • Guide patient safety initiative The "Infection Control Assessment and Response" part of the plan include: • Create state healthcare settings inventory • Identify oversight authority for each facility • Assess readiness of Ebola-designated facilities • Assess outbreak reporting and response.

UHIP Governance Committee Meeting ~ September 22, 2015

		The "Targeted Healthcare Infection Prevention Programs" part of the plan include: • Expand infection control assessments • Increase infection control competency • Enhance surveillance capacity to improve situational awareness. The proposed updated plan was approved by the committee.
Utah Ebola Assessment Hospital Evaluations	**Mr. McCulley** **Ms. Brinton**	Mr. McCulley explained that funding received from Ebola grants will be used towards prevention for all new emerging pathogens that may requirement containment, e.g. MERS CoV or Avian influenza, not just Ebola. Next week the Ebola Infection Control Assessment Readiness (ICAR) Team from the CDC will be here to conduct assessments on the University of Utah Hospital and the Intermountain Medical Center to determine their capacity to serve as 3-5 day assessment centers for holding, testing and treatment of suspect or confirmed Ebola patients. Primary Children's Hospital is also on Utah's Assessment Hospital list, but due to schedule challenges, the assessment will be scheduled at a later date. Items looked at as critical will be: • Receiving • Stabilization • Implement a communication plan about the state's HAI program • Provide consumers access to useful healthcare measures • Guide patient safety initiatives • Testing • Preparing for transfer to our designated Ebola Treatment Unit in Denver, Colorado. UDOH is currently working with Gold Cross Ambulance to have contained ambulances with steel coating for easy cleaning to transport suspect patients to Ebola Assessment Hospitals and to the airport where our Federal partners have Air Jets and a C130 on reserve for patient transfer to an Ebola Treatment Unit. The Federal Government will manage all interstate transport. Ebola Assessment Hospitals are preparing for known cases as well as walk-ins. They are preparing with laboratories as well as how to contain waste. All other hospitals throughout Utah will serve as Frontline Hospitals and provide care prior to patient transfer to an Ebola Assessment Hospital. Patient transfer will be guided by the UDOH medical officer.
Update Frontline Hospital Assessment Guidance/Visits	**Ms. Brinton**	UDOH has written a frontline hospital guidance called: *EBOLA VIRUS DISEASE (EVD)Guidance for Utah Frontline Hospitals.* This document will be sent to Frontline Hospitals (acute care facilities, long term acute care hospitals and critical access hospitals) to assist in preparations for the facilities to initiate the " I"'s; Isolate, Identify and Inform. Infection Control and Prevention Assessment checklists, as provided by the CDC, will also be included in the guidance document.

UHIP Governance Committee Meeting ~ September 22, 2015

Update Frontline Hospital Assessment Guidance/Visits (cont'd)		Prior to March 31, 2016, twenty frontline Hospitals will be visited and assessed regarding infection prevention capabilities by teams represented by the UDOH HAI Program and local health departments. Assessments will be collaborative and may directly, or indirectly involve, representatives from the UDOH HAI Program, UDOH EMS and Preparedness, local health departments, regional Med-Surge Coordinators, and Emergency Response Coordinators. During the remaining two years of the grant, the remaining Frontline Hospitals and dialysis centers, long-term care facilities, ambulatory surgical centers and other outpatient healthcare settings, as directed by the CDC, will be assessed regarding their infection control and prevention capabilities. Information gathered during these assessments will help identify any gaps.
CIC Training Course	**Ms. Varley**	Within the grant, funding was received to assist with increasing the numbers of persons with certification from the Certification Board of Infection Control and Epidemiology, Inc. (CBIC) within our state. Certification is important and is a standardized test for those who are in infection control. In Utah we have 54 Acute Care Facilities, 4 Long-term Acute Care Facilities, 37 Dialysis Facilities, over 100 Long Term Care Facilities along with all the hospitals and facilities that Ms. Brinton mentioned. Out of all these facilities, only 7 are served by at least one certified infection preventionist. Of all the persons in Utah with current certification in infection control, only 6% are less than fifty years of age. The common barriers expressed for not taking the test are: • Time to prepare • Funding to pay for testing • Money for study materials • Not supported by their facility Plans to increase the number of CIC's in our state include: 1. Provide two, one and a half day courses for up to 50 participants at each course 2. The first course will occur during the first year of the grant which ends March 31, 2016. The second course will occur prior to September 2017. 3. Study guide materials will be provided for course participants. Lodging and travel will also be provided for participants living greater than 50 miles from the course location (Greater Salt Lake Area). 4. CIC test fee of $350.00 will be reimbursed to the first 20 participants from each course passing the certification exam. Requirements to take the exam are outlined by CBIC. CBIC recommends that persons have 2 years experience in Infection Control and Prevention prior to sitting for the exam. Ms. Varley asked the UHIP GC for support to encourage facilities and corporations within our state to support their infection preventionists to be certified. Upon recommendation from the UHIC GC, a letter will be sent to acute care facility CEO's, encouraging facilities'support of their IP's in becoming certified, and recommending that when hiring IP's that they hire certified infection preventionists or having certification be a hiring provision that the IP become certified within 2 years of hire.

CIC Training Course (cont'd)		Linda Egbert asked the hospital administrators if they felt this was an important item to be considered in their establishment. All administrators present agreed that it is. Dr. Jarrett asked Ms. Varley if she thought it should be added to the letter that if after two years of service as an Infection Preventionist, if the person does not become CIC certified that they then should be terminated. Ms. Varley stated that that would be left up to each facility to determine what they wanted to do at that point. Dr. Jarrett asked if the draft letter would be changed from HAI to UHIP as in other current letters from the UHIP GC. Ms. Varley will make the required change. Motion to accept the letter was approved.
Utah HAI Infections Annual Report and Validation Findings	**Ms. Singson**	Ms. Singson distributed draft copies of the 2014 Healthcare Associated Infection in Utah Report. The report describes validation findings and activities provided by the UDOH HAI Program, May through July 2015. Previously, the UHIP GC guided selection of eleven facilities throughout the state for validation of 2014 intensive care catheter associated urinary tract infection (CAUTI) data submitted by facilities to NHSN. Two hundred and seventy six urine cultures from intensive care patients from these facilities were reviewed the UDOH HAI Validation Team to determine if a CAUTI had occurred. The HAI Validation Team identified five additional CAUTI not identified and reported to NHSN prior to facilities' validations. Facilities were asked and agreed to enter these additional CAUTI into the NHSN database. All CAUTI reported to NHSN by facilities prior to validation activities met NHSN surveillance criteria; the UDOH HAI Validation Team did not identify any "over-called" CAUTI from the eleven validated facilities. Rates of CAUTI and surgical site infections after colon surgical procedures (COLO SSI) occurring in Utah during 2014 continued to be significantly more than expected as compared to national baselines established by the CDC. 2013 CAUTI and COLO SSI rates were also higher than expected. Many facilities have implemented CAUTI prevention measures, and rates have decreased, although rates continue to be higher than national benchmarks. Rates of HAIs from central line associated bloodstream infections (CLABSI), hospital onset *Clostridium* difficile infection, and MRSA bacteremia were fewer than expected as compared to national benchmarks during 2014. Ms. Singson suggested the 2016 validation activities should focus on COLO SSI. The committee agreed that COLO SSI should be validated during 2016. Ms. Singson will present a draft 2016 validation plan focusing on COLO SSI at the December 15, 2015 UHIP GC meeting for further guidance from the committee. Ms. Egbert stated that data in the HAI Report helps her to see what hospitals are doing well and where her focus needs to be with each facility. Dr. Mayer noted that the University Hospital's infection data was not correctly displayed in the presentation. Ms. Singson will correct presentation data.
NHSN Antibiotic Use and Resistance (AUR) Module Usage	**Dr. Stenehjem**	Dr. Stenehjem presented information regarding antimicrobial stewardship activities from Intermountain Healthcare hospitals and physicians. Formal antimicrobial stewardship activities began at McKay-Dee Hospital in 2009, followed by Intermountain Medical Center, Primary Children's Hospital and Utah Valley Regional Medical Center in 2010. Currently, 21 of 22

		Intermountain Healthcare hospitals participate in some antimicrobial stewardship activities; The Orthopedic Specialty Hospital (TOSH) does not currently participate in formal antimicrobial stewardship activities. In the Intermountain Healthcare system, large hospital antimicrobial stewardship activities are supported by antibiotic stewardship pharmacists and infectious disease physicians. Activities in smaller facilities are supported by these staff as well. Other support activities have included tracking Intermountain Healthcare physicians' antibiotic utilization rates and patterns from data obtained from prescription submitted to SelectHealth. Intermountain Healthcare developed an application for physicians' cellphones regarding their and other practitioners' prescribing patterns. A hotline to an infectious disease physician has also been made available to support antimicrobial stewardship activities. Calls were received from facilities throughout the state; 50% of calls came from Logan Regional Medical Center, signifying the need for an infectious disease physician at that hospital. Activities have successfully decreased "days of antimicrobial therapy," narrowed spectrum of antimicrobial utilization and provided guidance to Intermountain Healthcare practitioners and patients regarding appropriate antimicrobial use. Dr. Mayer recommended that a collaborative regarding antimicrobial stewardship representing facilities throughout the state be developed. Dr. Stenehjem and Dr. Sydnor-Spivak agreed to work together and other facilities on this collaborative. Dr. Stendhjem requested that antimicrobial stewardship data from facilities' annual summaries be collected and reported to the collaborative as baseline data. HAI Program will collect and report this data.
Other Items	Dr. Mayer	No additional items discussed.
		Meeting Adjourned 5:10 pm **Next Meeting will be December 15, 2015 3:00 pm, State Capitol, Olmsted Room**